

2175300

HAZARDOUS WASTE GENERATOR
FEE PREPAYMENT FORM

DUE ON OR BEFORE 08/31/03 FOR JANUARY - JUNE, 2003		9003
HWCA PHHG01	HY EF	YOUR ACCOUNT NO. 36-006242
		4

BOARD OF EQUALIZATION
ENVIRONMENTAL FEES SECTION
PO BOX 942879
SACRAMENTO CA 94279-6021

AUTOMATION PLATING CORPORATION
E.B. & W.D. WIGGINS, INC.
ATTEN: BILL WIGGINS
927 THOMPSON AVENUE
GLENDALE CA 91201

BOARD USE ONLY		
RR-B/A	AUD	REG
RR-QS	FILE	REF
EFF		

MAKE CHANGES
IF NAME OR
ADDRESS
IS INCORRECT

READ INSTRUCTIONS
BEFORE PREPARING

INCLUDES ALL SITES

If you are registered to make your payment by electronic funds transfer (EFT), you must still file your return. You can mail your return in the envelope provided or fax it to 916-327-0859. To register to make payments via EFT, please contact us at 916-322-9534.

GENERAL INFORMATION

The Generator Fee is imposed on each site that generates (produces) hazardous waste of 5 tons or more in each calendar year. The fee is calculated for each site's generation of waste regardless of the waste's final disposition (i.e., recycling or disposal).

Each year a prepayment of the fee is due by August 31 and an annual return for the year must be filed by the last day of February following the end of the reporting period. An annual return must be filed even if you have no additional liability due. Failure to file either the prepayment or annual return may result in the imposition of penalty charges. Facility operators who pay an annual Facility Fee at a site are not subject to a Generator Fee for the same site.

Batch # 406052
Ref # 439677
Post: 8/13

STAPLES

FILING INSTRUCTIONS

Please complete the worksheets on the reverse to calculate total amount due below.

AMOUNT OF PREPAYMENT (place a check mark by the option you choose)

- ☒ Option 1 One hundred percent (100%) of the applicable Generator Fee based on the total volume of hazardous waste generated for all sites during January 1 through June 30 of the current calendar year.

OR

- ☐ Option 2 An amount equal to fifty percent (50%) of the Generator Fee paid to the Board for the preceding calendar year (if zero for prior year, you must use Option 1)

- | | | | | |
|---|-------|------|-----|---|
| 1. Amount of prepayment (enter amount from worksheet on reverse) | 1. \$ | 4567 | .00 | ROUND
CENTS TO
NEAREST
WHOLE
DOLLAR |
| 2. Penalty [multiply line 1 by 10% (.10) if payment is made after due date shown above] | 2. \$ | — | .00 | |
| 3. Interest of 08% per annum (0.006670 per month) is due if payment is made after the due date. | 3. \$ | — | .00 | |
| 4. TOTAL AMOUNT DUE AND PAYABLE (add lines 1, 2 and 3) | 4. \$ | 4567 | .00 | |

I hereby certify that this form, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is true, correct and complete.

William D. Wiggins, CHM *[Signature]* 323-2454951 7/1/06
PRINT/TYPE NAME AND TITLE SIGNATURE PHONE NUMBER DATE

MAKE CHECK OR MONEY ORDER PAYABLE TO STATE BOARD OF EQUALIZATION.

Always write your account number on your check or money order. Make a copy of this document for your records.

PREPAYMENT FILING REQUIREMENTS

You can determine the prepayment amount you owe by using either Option 1 or Option 2 below. Complete the applicable worksheet and enter the option chosen and amount due on the front of the form.

PAYMENT BY ELECTRONIC FUNDS TRANSFER (EFT)

If you are registered to pay by EFT, please remember that:

- A payment is considered to be timely if it is both initiated on or before the due date and the funds transfer into the Board of Equalization's bank account on the banking day following the date the payment is initiated.
- Making your payment by EFT does not relieve you of the requirement to file your return by the due date. Note: The reporting due dates and filing requirements have not changed.

If you would like to file your return by fax, our fax number is 916-327-0859. If you are not registered to pay by EFT and would like to be, please contact us at 916-322-9534.

Exemptions from the Fee

- 1) Used motor oil removed from motor vehicles that is recycled by a recycler permitted by the Department of Toxic Substances Control.
- 2) Wastes that are generated, recycled and reused onsite, and not transferred offsite at any time.
- 3) Aqueous waste treated onsite in a treatment unit operating, or which subsequently operates, under a permit by regulation, conditional authorization, or conditional exemption. However, hazardous waste generated by the treatment unit is subject to the Generator Fee.

OPTION 1 - WORKSHEET

Please select the appropriate fee category for each site where hazardous waste was generated in this state.

A CLASSIFICATION OF GENERATING SITES (Total volume of hazardous waste generated at each site during January 1 through June 30 of the current calendar year)	B NUMBER OF SITES (Do not list tonnage)	C AMOUNT OF FEES	D TOTAL FEE DUE (Column B x C)
1. Generators which generate less than 5 tons	1.	\$ 0.00	\$
2. Generators which generate an amount equal to or more than 5 tons, but less than 25 tons	2. 4	\$ 163.00	
3. Generators which generate an amount equal to or more than 25 tons, but less than 50 tons	3. 3 1	\$ 1,305.00	1,305.00
4. Generators which generate an amount equal to or more than 50 tons, but less than 250 tons	4. 1	\$ 3,262.00	3,262.00
5. Generators which generate an amount equal to or more than 250 tons, but less than 500 tons	5.	\$ 16,310.00	
6. Generators which generate an amount equal to or more than 500 tons, but less than 1,000 tons	6.	\$ 32,620.00	
7. Generators which generate an amount equal to or more than 1,000 tons, but less than 2,000 tons	7.	\$ 48,930.00	
8. Generators which generate an amount equal to or more than 2,000 tons	8.	\$ 65,240.00	
9. TOTAL AMOUNT DUE (add lines 1 through 8 in Column D; enter here and on line 1 on front of form)	9.		4,567.00

OR

OPTION 2 - WORKSHEET

A. Enter amount of fee due to the Board of Equalization for the prior year Generator Fee reporting period as reported on line 10 of the annual return. This amount is exclusive of any prepayments or penalty charges. (If zero for the prior period, you must use Option 1)	A.	\$
B. Multiply amount on line A by 50% (line A x .50; enter here and on line 1 on front of form)	B.	\$

**IF YOU WISH ADDITIONAL INFORMATION, PLEASE CONTACT THE STATE BOARD OF EQUALIZATION,
ENVIRONMENTAL FEES SECTION, P.O. BOX 942879, SACRAMENTO, CA 94279-0057, TELEPHONE 916-323-9555.**